

## COFRS SECURITY AUTHORIZATION FORM

|   |       |   |       |   |                 |               |   |   |   |
|---|-------|---|-------|---|-----------------|---------------|---|---|---|
| EMPLOYEE NAME:  |       |   |       |   | TITLE:          |               |   |   |   |
| USER ID:  | SEC1: |   | SEC2: |   | AGENCY CODE(S): |               |   |   |   |
|   | 1     | 2 | 3     | 4 | 5               | 6             | 7 | 8 | 9 |
| (6) SECURITY GROUP:   |       |   |       |   |                 |               |   |   |   |
| (7) SCAN ACTION:  |       |   |       |   |                 |               |   |   |   |
| (8) APPROVAL ACTION:  |       |   |       |   |                 |               |   |   |   |
| (9) ENTER ACTION:   |       |   |       |   |                 |               |   |   |   |
| (10) CORRECT ACTION:  |       |   |       |   |                 |               |   |   |   |
| (11) DELETE ACTION:   |       |   |       |   |                 |               |   |   |   |
| (12) SCHEDULE ACTION:   |       |   |       |   |                 |               |   |   |   |
| (13) EDIT ONLY ACTION:  |       |   |       |   |                 |               |   |   |   |
| (14) HOLD ACTION:   |       |   |       |   |                 |               |   |   |   |
| (15) QUEUE ACTION:  |       |   |       |   |                 |               |   |   |   |
| (16) RUN ACTION:  |       |   |       |   |                 |               |   |   |   |
| (17) FORWHOM TEST TYPE:   |       |   |       |   |                 |               |   |   |   |
| (18) WHERE TEST TYPE:   |       |   |       |   |                 |               |   |   |   |
| (19) WHERE CODE:  |       |   |       |   |                 |               |   |   |   |
| (20) OVERRIDE:  |       |   |       |   |                 |               |   |   |   |
| (21) APPROVALS:   |       |   |       |   |                 |               |   |   |   |
| WHOM TABLE ENTRIES:   |       |   |       |   |                 |               |   |   |   |
| (14) Justification for Security Profiles not within the Security Guidelines:  |       |   |       |   |                 |               |   |   |   |
| (15) Security Administrator Comments:   |       |   |       |   |                 |               |   |   |   |
| <b>EMPLOYEE STATEMENT OF COMPLIANCE:</b>  |       |   |       |   |                 |               |   |   |   |
| <p><b>Please review the following paragraphs and indicate your understanding and agreement by signature.</b> If anything is unclear, or you wish to review the <i>Authority</i> documents identified below, please contact the department security administrator.</p> <p><i>Authority for Granting Access:</i> 24-72-203, CRS Public records open to inspection; 2-3-107, CRS, State Auditor; 2-3-203(1), CRS Joint Budget Committee; State of Colorado Fiscal Rule 1-3, <i>Access to the State Financial System</i>; Policies of the Department of Personnel and the Division of Colorado Government Technology Services.</p> <p>Employees of the State of Colorado may be granted access to COFRS for official business purposes only. COFRS contains both public and confidential information; therefore access to it shall not be granted to anyone for general perusal of a state agency's financial information. Any request received from citizens and the public for any information contained in the state's financial system should be processed according to statewide procedures for handling open records requests.</p> <p>Each employee granted access to COFRS is responsible for his/her use of the information and for safeguarding their assigned User ID and passwords to protect data in the system. User ID and passwords are assigned to individual State of Colorado employees and are not to be shared or passed on to others. Leaving employment will terminate my rights to access COFRS.</p> |       |   |       |   |                 |               |   |   |   |
| Employee Name (Print):  |       |   |       |   |                 | Phone Number: |   |   |   |
| Employee Signature:   |       |   |       |   |                 | Date:         |   |   |   |
| <b>REQUIRED SIGNATURE APPROVALS</b>   |       |   |       |   |                 |               |   |   |   |
| Department Security Administrator:  |       |   |       |   |                 | Date:         |   |   |   |